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"That Which Is Old Is New Again": *APSF Newsletter* "In the Literature" Synopsis Summaries Reappear

by John H. Eichhorn, MD

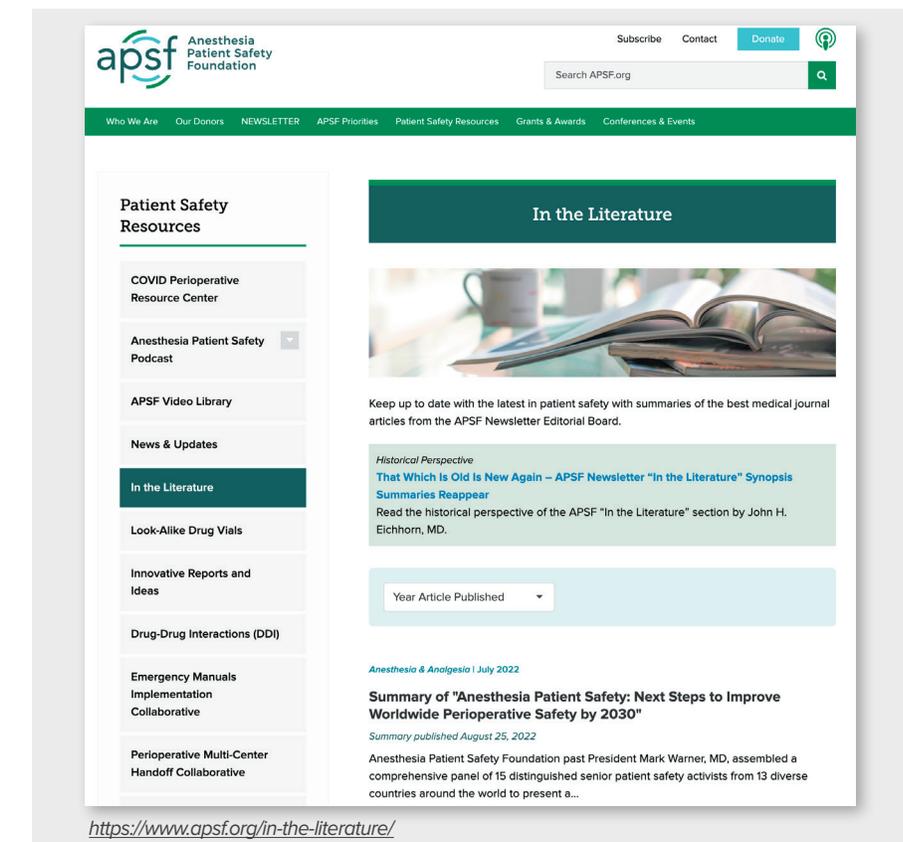
When the *APSF Newsletter* Editorial Board recently considered the proposal to publish a column compiling summaries of current relevant literature regarding perioperative patient safety, I, the founding editor, who has been referred to as the "institutional memory" of the APSF, immediately supported the idea enthusiastically, noting that the original *Newsletter* created in 1986 included precisely that same concept, and the column then was called "From the Literature." Read the online article that can be found at <https://www.apsf.org/article/that-which-is-old-is-new-again-apsf-newsletter-in-the-literature-synopsis-summaries-reappear/> for further historical perspective on the original "From the Literature" articles.

REINCARNATION REALIZATION

An Editorial Board subcommittee has assumed responsibility for seeking out and presenting publications relevant to perioperative patient safety and potentially of interest to *Newsletter* readers by presenting summaries under the category "In the Literature." As the summaries are created, they first appear online on the APSF website (<https://www.apsf.org/in-the-literature/>) under the "Patient Safety Resources" section tab. The first presentation of these summaries appears in this issue of the *Newsletter*. The synopses cover a very wide variety of entries from different types of literature sources.

Several clinical questions are addressed in the articles summarized. A landmark paper in the *New England Journal* by Neuman et al. compared outcomes in those older adults undergoing spinal or general anesthesia for hip surgery. The study suggested that there was no significant difference in mortality or debility at 60 days postoperatively.¹ The authors concluded that spinal anesthesia was not superior to general anesthesia for hip fracture repair in this patient population.

In the article by Sencan S, et al. entitled, "The Immediate Adverse Events of Lumbar Interventional Pain Procedures in 4,209 Patients: An Observational Clinical Study," the safety of these blocks was affirmed in that no major adverse events occurred.²



Chen and colleagues compared a nasal mask and a traditional nasal cannula during intravenous anesthesia for gastroscopy procedures and the data suggested better oxygenation when using a nasal mask.³

Plans for extubation of difficult airways in pediatric patients are summarized in Weatherall AD, et al., "Developing an Extubation Strategy for the Difficult Pediatric Airway—Who, When, Why, Where, and How?:"⁴ Further, the elements of the most recent iteration of the ASA Difficult Airway Algorithm are outlined in a summary by Rosenblatt WH, et al.⁵

In Buis ML, et al., "The New European Resuscitation Council Guidelines on Newborn Resuscitation and Support of the Transition of Infants at Birth: An Educational Article," a comprehensive summary of the original publication is presented.⁶

The potential danger of provoking thromboembolism by synergistically mixing agents intended to reverse factor Xa inhibitor anticoagulants is discussed in: Liu J, et al. "Four-Factor Prothrombin Complex Concentrate Plus Andexanet Alfa for Reversal of Factor Xa Inhibitor-Associated Bleeding: Case Series."⁷

An important *JAMA* paper: Sun LY, et al. "Association Between Handover of Anesthesiology Care and 1-Year Mortality Among Adults Undergoing Cardiac Surgery," reported the finding of a statistically significant increase in morbidity and mortality when an intra-anesthetic handover occurred and offered recommendations for mitigation.⁸

One of the papers central to a currently discussed patient safety issue: Murphy GS, Brull SJ.

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"Quantitative Neuromuscular Monitoring and Postoperative Outcomes: A Narrative Review,"⁹ presents a detailed review and analysis that supports routine adoption of quantitative neuromuscular monitoring for perioperative care.

The patient safety implications of anesthesia professionals' burnout during the COVID-19 pandemic are considered in: Lea J, et al. "Predictors of Burnout, Job Satisfaction, and Turnover Among CRNAs During COVID-19 Surgings."¹⁰

Three papers from British literature covering larger systemic questions are summarized. The value of implementing clinical guidelines is stressed in: Emond YEJMM, et al. "Increased Adherence to Perioperative Safety Guidelines Associated with Improved Patient Safety Outcomes: a Stepped-Wedge, Cluster-Randomised Multicentre Trial."¹¹ Application of artificial intelligence (AI) is highlighted in a summary: Sibbald M, et al. "Should Electronic Differential Diagnosis Support Be Used Early or Late in the Diagnostic Process?"¹² Also: Dave N, et al. "Interventions Targeted at Reducing Diagnostic Error: Systematic Review," covers several strategies, including, particularly, technology such as artificial intelligence.¹³ Another aspect of that AI theme from a law journal: Kamensky S. "Artificial Intelligence and Technology in Health Care: Overview and Possible Legal Implications," provides a corollary American perspective considering whether liability laws could apply to patients claiming injury from errors involving AI technology.¹⁴

The reappearance of literature summaries in the *APSF Newsletter* is a welcome addition to the panoply of valuable knowledge and insight continually presented for the benefit of our profession. As is the case with a great many, if not, in fact, most articles in the scientific/medical literature that conclude with the essential universal truth that "further research is indicated," so too is it analogous for these literature summaries. Readers are encouraged to forward suggestions of articles to be summarized or actual completed literature summaries to the *Newsletter* editors at any time.

John H. Eichhorn, MD, was the founding editor and publisher of the APSF Newsletter. Living in San Jose, CA, as a retired professor of Anesthesiology, he continues to serve on the APSF Editorial Board.



John H. Eichhorn, MD

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